

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

30-045-21743

Form approved,
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-087657	
2. NAME OF OPERATOR BCO, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 669 Santa Fe, New Mexico 87501		7. UNIT AGREEMENT NAME Escrito Gallup	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FNL 990' FEL SEC. 13 T24N R8W N.M.P.M.		8. FARM OR LEASE NAME Escrito Gallup Unit	
14. PERMIT NO.		9. WELL NO. 21 (Smith 3)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7075 GR		10. FIELD AND POOL, OR WILDCAT Escrito Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-24N-8W N.M.P.M.	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	MOVE LOCATION	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	MOVE LOCATION	<input checked="" type="checkbox"/>

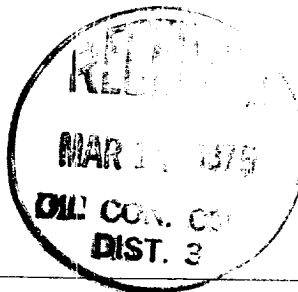
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The above well location was moved 130' to the North by Harry R. Bigbee and Harry L. Bigbee on Saturday March 8, 1975, to conform with New Mexico Oil Conservation Commission regulations. The new location is:

1850' FNL 990' FEL Sec. 13 T24N R8W NMPM
and the revised GR elevation is 7075'

The site of the new location was mentioned in our 12 point plan on this well under item 3 and the BLM and archeologist approved the revised location during their field inspection.



18. I hereby certify that the foregoing is true and correct

SIGNED Harry R. Bigbee TITLE President DATE 3-11-75

(This space for Federal or State office use)

APPROVED BY MO TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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